

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

10/638381

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
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16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31		1				
32			1			
33				1		
34					1	
35						1
36						
37						
38						
39						
40						
41						
42					1	
43						1
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.					↓	
TOTAL DEP.					←	
TOTAL CLAIMS					←	

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						1
53						
54						
55						
56					1	
57						
58						
59						
60						
61						
62						
63						
64						
65						
66						
67						
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71						
72						
73						
74						
75						
76						
77						
78						
79						
80						1
81					1	
82						1
83						1
84					1	
85						1
86						1
87					1	
88						1
89						1
90						1
91						1
92						1
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.					↓	6
TOTAL DEP.					←	56
TOTAL CLAIMS					←	62